Congressman Jim Jordan

Internship Application

Name:					
Address:					
	Street		City	State	Zip
Phone:			_E-Mail:		
Date of Birth:					
Applying for:	Summer	Fall □	Spring \square		
	$DC \square$	Lima, (Ohio □		
Will you receive so	chool credit for the	his intern	ship? Yes □ No		
Please Note: We a coursework before	<u>-</u>	-	d at least two years	s of college level	
Required Materia	ıls:				
	of recommendat		onservative and wh	at that means to y	ou.
Application Dead	lines:				
Please submit your by the following da		Emma Sur	nmers at <u>emma.sun</u>	nmers@mail.hous	e.gov
Fall – July 31 Spring – Novembe Summer – April 30					
Additional Inforn	nation:				
Depending on sche internships will rui	_		your institution's as:	academic calendar	·,

Please contact Emma Summers at emma.summers@mail.house.gov for more information or if you have any questions regarding the application process or the internship.

Fall – Labor Day to Christmas

Spring – New Year's to Memorial Day Summer – Memorial Day to Labor Day